



The Building Blocks Child Care Mentor Program

New Mentee Form

The Building Blocks Child Care Mentor Program will pair you with a mentor who will visit with you in your home or, if you prefer, in another location of your choice. We would like you to take a few minutes to complete this form, so that your mentor will know what issues are important to you.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

I decided to become a child care provider because: (please mark all that apply)

- ☐ I believe child care is the profession for me.
- ☐ I like that child care allows me to stay home with my children.
- ☐ I think I have something valuable to offer children.
- ☐ Child care is something I can do without any specialized training.
- ☐ Child care can be a profitable business.
- ☐ Other (please explain)

Please indicate your current situation:

- ☐ I am unregistered.
- ☐ I am thinking about becoming registered.
- ☐ I am in the process of becoming registered.
- ☐ I am already registered.

Total number of years in child care: _____

Please fill in the number of children you care for in each age range:

Infants _____ Toddlers _____ Preschool _____ School-Age _____

What days and hours do you provide child care?

When would you prefer mentor visits?

- ☐ Evenings (please list days and times available)

- ☐ Saturdays (please list times available)

- ☐ Sundays (please list times available)

The mentoring curriculum is loosely based on 12 subject areas of interest to providers. Please take a moment to mark the subjects you which interest you the most. Your mentor will be able to supply you with resources and equipment for the subject areas you choose.

- ☐ Family Child Care as a Business
- ☐ Working with Parents
- ☐ Spaces, Toys, and Equipment
- ☐ Routines, Play and Learning
- ☐ Health, Safety, and First Aid
- ☐ Food and Nutrition
- ☐ Ages and Stages of Development
- ☐ Caring for Multi-Age Groups
- ☐ Guidance and Discipline
- ☐ Children with Disabilities or Special Needs
- ☐ Child Abuse and Neglect
- ☐ Taking Care of Yourself

Signature

Date